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AUTHOR Morgan, Willie B.
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ABSTRACT

Data on teaching approaches, general theoretical concepts, and perceptions about the voice problems of students were gathered from 66 voice and speech instructors in 52 professional training programs in acting and are summarized in this report. Instructors' responses are reported for a number of topics, including the following: (1) influences on their work; (2) major teaching emphases; (3) perceptions about areas of the body in which impulse sources are felt when strongly emphasized language is spoken; (4) beliefs concerning the pitch and placement of the human voice; (5) concepts taught to students with respect to focus of the voice; and (6) common vocal problems of students. An appended table compares the instructors' responses about common voice and speech problems of students with the opinions of 171 instructors in nonprofessional programs on the same topic. (GT)

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THE DEGREE OF SPEECH SCIENCE INFLUENCE ON THEATRE VOICE AND SPEECH SPECIALISTS

(Paper presented on the panel "What Speech Science Has to Say to Theatre Voice and Speech," by Willie B. Morgan, Eastern Michigan University, at 1980 American Theatre Association Convention, San Diego, California.)

During the past two years, I have conducted a survey of voice/speech improvement teaching in U. S. colleges and universities.[1] All 855 departments that offer degree programs in speech or theatre were contacted. 308 of them participated. 225 of these departments offer one or more courses in voice/speech improvement.

This presentation will summarize data gathered from 66 voice/speech instructors in 52 professional acting training programs.[2] Their responses concern approaches to teaching, general theoretical concepts, and perceptions about the voice problems of students. About one-half of these 52 programs (48%) have only one specialist who regularly teaches courses in voice/speech. And five of every six departments (84%) offer one or more advanced courses.

Of these 66 instructors in professional acting programs, only one-third (35%) devote half or more of their time to voice/speech improvement work. Three-fifths (58%) teach performance or directing courses primarily. Three of the 66 (5%) primarily teach courses in speech science, therapy, or linguistics.

A variety of influences have shaped these voice/speech specialists. But only one-third of them (35%) consider traditional speech science or theory concepts to be a strong influence on their work. Two-fifths (39%) named the Linklater-Warren approach, and one-third (33%) named the Lessac System, as the strongest influence on their present approach to teaching. Vocal music instruction was designated as a strong influence by one-fourth of the instructors (23%). One-fifth (18%) feel that influences on their teaching are too eclectic for any type of classification.

The most frequently chosen textbooks for first level voice/speech courses are by Lessac and Linklater. Each author's text was cited 13 times (20% each). Books by Jon Eisenson and Hilda Fisher, both of whom present a more traditional speech science oriented approach, are each cited 8 times (12% each).

Early in the first level course, the major teaching emphasis of more than three-fifths of these 66 instructors (63%) is on exercises or "actions" that encourage body relaxation, deep breath support, and easy phonation. Only one in six (17%) emphasizes anatomy or theory of speech production.

Two-thirds of these 66 instructors (65%) classify their approach to learning to use the voice more efficiently as physical. A few others (6%) consider it physical only during warm ups. One in nine instructors (11%) indicated an approach that is extremely physical, often taught with stage movement or combat. But one in ten (10%) considers it as not very physical.

Because many teachers are inclined not to prescribe how students should feel their energy release, this topic was phrased to reflect each instructor's perception of his or her own feeling: "In what area(s) or part(s) of the body do you personally 'feel' the impulse source when speaking strongly emphasized language?"

Most of the teachers indicated that they feel this impulse source in the abdominal or gut area (47%) or in the diaphragm area (42%)--some cited both. These responses suggest medial or central torso contractions which should not create unnecessary tensions

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in the vocal mechanisms of phonation or resonation. One-fifth of the instructors (20%) indicated that their impulse is in no localized area.

However, one in seven of these specialists teaching in professional acting programs (15%) indicated the source of their impulse to be located in the areas of the chest, heart, larynx, vocal folds, pharynx, or throat. Each of these designations would very likely lead to hypervalving of the vocal folds, or at least to the phonation and resonation of pitches quite high in the speaker's pitch range.

Extreme vocal dynamics (such as shouts, screams, and unusual vocal characterizations) are emphasized in first level voice/speech courses by only one-fifth of these 66 instructors (21%). However, a number of others indicated they do teach some "Lessac calls" but commented that these are not extreme.

Three-quarters of these specialists (73%) teach relaxation and breathing techniques--both separately and integrated with phonation and tone sustention practice. Let us examine several theoretical concepts which they indicated as basic to their instruction.

One-fourth (26%) encourage inhalation through the mouth for voice exercises. One-third (33%) encourage both nasal and mouth inhalation equally, while one-fifth (20%) encourage neither. A number of instructors did comment that, while nasal inhalation is best for exercises, in speaking both mouth and nasal are to be expected. However, only one-fifth of the specialists (18%) encourage nasal inhalation primarily, even for exercises.

The term used most often for describing a "deep preparatory breath" for voice exercises and energetic speaking varies a great deal among instructors. More than one-third (36%) use the term diaphragmatic. One in eleven (9%) uses a combination of diaphragmatic and abdominal. One in six (17%) uses abdominal as the major term. Movement of the lower ribs and back expansion are emphasized by only one in six (18%). Several instructors commented that they use imagery, including words or phrases such as "cleansing," "yoga," "belt buckle," and "filling the bucket."

The term diaphragmatic is also used by two-fifths of these specialists (42%) to describe appropriate control or maintenance of breath support during voice exercises and energetic speaking. Those of us who do not consider this use of the term to be correct physiologically must cope with the fact that a new generation of students, performers, and future teachers will continue to use it in this way. Only one in seven of the instructors in professional acting programs (15%) designated abdominal support as the primary term.

Next we will examine several beliefs concerning the pitch and placement of the human voice. An appropriate pitch range for speaking effectively to large audiences is considered to be about one-and-a-half to two octaves by nearly two-thirds of these 66 voice/speech specialists in professional acting programs (64%). However, one in nine (11%) believes that about one octave is sufficient, while one in seventeen (6%) believes that at least three octaves are necessary. Many instructors pointed out, of course, that the particular pitch range used in acting must be appropriate to the material or text, to the speaker's intent or objective, or to each individual's instrument.

Only three teachers in ten (32%) indicated that two-thirds or more of their students employ a reasonable modal pitch habitually. Four in ten (38%) indicated one-third or fewer of their students do so.

More than half of these 66 instructors (53%) indicated that they always make a conscious assessment of the habitual pitch usage (range and mode) for each student. Another one-third (33%) do so when a student seems to have an extreme aberration. But this assessment of habitual pitch usage is done only be the instructor's "sensitive, experienced" ear, according to three-fifths of them (61%). Only one-fourth (27%) indicated that some standard test is ever used. Occasional tests cited were attributed to Anderson, Eisenson, Fairbanks, and Fisher.

The most frequently used method for encouraging wider pitch intervals in speaking, noted by more than one-half of these specialists (52%), is the oral practice of appropriate emotional material while emphasizing dynamic pitch variables.

Two-fifths of these voice/speech instructors (42%) indicated that they do not use any type of pitch notation system. But the drawing of intonation lines or "pitch contours" is used by another two-fifths (42%). Also, a musical staff notation system is used by one in seven (14%), and a pitch phoneme numbering system by one in twelve (8%).

Instruction to develop higher "head" registers and lower "chest" registers is pursued during the first level course by nearly one-half of these 66 instructors (47%). More than one-third (36%) consider the phonation and the resonation of vocal sound to be equally responsible for various registers. Voice or "pitch" registers are considered to be primarily the consequence of the phonation of sound by one-fourth of them (26%). However, another fourth (23%) attribute registers primarily to the resonation of sound.

A number of informants pointed out the confusion in defining what a pitch register is. Also, some comments indicated that the concept is used to mean a wider pitch range. Others use registers to mean different resonator cavities. Some comments implied the focus of tone within a resonating cavity. Many who do not use this terminology feel the concept is irrelevant--or a hindrance in developing good speaking voices--although they may recognize the value of the concept in developing the full singing range.

Vocal music training helps students to use their speaking voices better, according to nearly one-third of these specialists (30%). But one-fourth (27%) indicated there is no value in it.

Another one-third (36%) feel there is value only for some types of singers, primarily altos and baritones. Several instructors commented that singers who train their higher range (sopranos and tenors) often tend to speak far above their optimum modal pitch.

Frequently, instructors maintained that efficient "carry over" is related to the attitude held about the relationship between the "singing voice" and the "speaking voice," and to the quality of the instruction more than to the singer's range or type.

The concept of focus of the voice, or tone placement, is taught regularly by nearly two-thirds of these 66 instructors in professional acting programs (62%). Another one-fifth of them (21%) teach the concept occasionally to help individual students who speak with a throaty voice or in a monotone. Several indicated they use it to improve special projection on resonance problems.

Details concerning the concept of focus were provided by 50 of these 66 specialists (76%). Eighteen designated the location of appropriate tone placement as "in the facial mask". "Forward in the mouth" or "on the hard palate" was mentioned by another 18.

However, only a few instructors clarified the fact that focus which is forward or mask oriented requires balanced, mixed, blended, or full-tube resonation which utilizes both oral and pharyngeal cavities efficiently.

The most significant difference in the comments between focusing the voice in the front of the mouth (or forward) and placing the tone in the mask was whether the respondent used the term "mask" or mentioned the bone conduction of sound vibrations. For practical purposes though, the descriptions and techniques for achieving these two designations of focus were the same.

Suggestions for cultivating front/mask focus were yawning for relaxing the jaw and opening the throat, good breath support, concentrating on tongue-tip and lip consonants, practicing materials using front vowels (especially EE /i/), humming and experimenting with the voice, and kinesthetically feeling the changing sound focus. A number of specialists indicated they use Arthur Lessac's approach to focus, particularly his inverted megaphone, Y-buzz, and call exercises. Also, a few teachers suggested using images such as "a hole in the upper lip," "a beam of light," "a rubber ball bouncing on the back of the auditorium," or "the nozzle of a water hose."

Some kind of standardization of spoken dialect is attempted by more than half of these 66 instructors (56% in first level courses and 47% in advanced ones). But a number of them pointed out that their approach to voice/speech improvement eliminates the need to emphasize any "standardization." Only two-fifths of the instructors (41%) require students in first level courses to use the International Phonetic Alphabet (IPA symbols).

Increasing the student's personal awareness of the physical sensations created when each speech sound is shaped or articulated efficiently is emphasized by nearly one-half of these specialists (47%). And this awareness of feeling is given equal emphasis with auditory discrimination by nearly as many again (44%). Very few (6%) emphasize auditory discrimination alone.

Only one-half of these instructors in professional actor training programs teach any analysis of speech rhythms based on stress. A binary analysis of strong-weak syllables only is used by one in five (20%), three levels of stress by one in six (17%), and four levels by only one in nine (11%).

And last, instructors were asked to list two or three common vocal problems that many of their students share. Each of the following problems was mentioned by about one-third of the instructors: lack of breath support (35%), nasality (32%), the need to lower habitual modal pitch (32%), dialectal vowel distortions (32%), and poor consonant articulation (30%). About one-fifth of them also listed breathy and harsh voice qualities (20% each), the need to raise habitual modal pitch (20%), and throaty focus (18%).[3]

In conclusion, may I remind you that the study from which these responses were taken was primarily descriptive, not evaluative. But we should also keep in mind that many of the concepts examined here concern areas which have been researched by speech scientists and that we may find some of their discoveries and theories useful in our more practical voice/speech instruction.

[1]Morgan, Willie B. A Survey of Voice/Speech Improvement Teaching in U. S. Colleges and Universities. Ypsilanti, Michigan: Eastern Michigan University, 1980. A copy of this 32-page monograph is available from the author. Send request to 136 Quirk Theatre, EMU, Ypsilanti, MI 48197.

[2]Nearly three-fifths of these BFA/MFA acting programs (56%) offer first level voice/speech courses which are intended primarily for students in professional acting training. The others offer courses that can be elected by any student. One-third of all classes (37%) have an average enrollment of only 11-15 students. Nearly half (44%) average 16-20.

Most courses meet for 3 or 4 hours per week and students are encouraged to do some outside of class practice each day--practice of voice exercises (not acting or interpretation practice). One-fourth of these 66 instructors (26%) recommend 10-15 minutes each day. One-half (47%) recommend 30 minutes, and one in six (16%) recommends an hour. Many instructors noted that several short practice periods are most desirable.

[3]Common Voice/Speech Problems Cited by:

	66 Instructors in Professional Acting Programs	171 Instructors in Non-Professional Programs
Preparation for Speaking		
Lack of breath support, inadequate respiration, shallow or high chest breathing, fading or loss of energy on the ends of lines	35%	21%
Tight jaw, narrow oral opening, spread lips	11%	6%
Tensions in neck and shoulders, a need to relax, upper chest vocal impulse	8%	10%
Phonation		
Breathy or aspirate quality, thin or weak tone, lack of force or intensity, projection problem	20%	23%
Harsh quality, straining, hypervalving of vocal folds, pushing, laryngeal or pharyngeal tensions, constricting on larger emotional moments	20%	12%
The need to lower habitual modal pitch (by half or more of their students)	32%	24%
The need to raise habitual modal pitch (by half or more of their students)	20%	7%
Narrow pitch range, lack of intonation variety, monotone	14%	22%
Resonation		
Nasality: assimilative and twang types	32%	28%
Throaty or rear tone focus, lack of open throat	18%	11%
Inefficient balance or blend of resonance, lack of cavity reinforcement, placement problems	14%	17%
Denasality	3%	3%
Articulation		
Dialectal vowel distortions and substitutions; ethnic, colloquial, regional pronunciations	32%	25%
Poor consonant articulation and substitutions, dropping final consonants, lack of firmness and muscularity in consonant formation, slurring	30%	41%
Expressiveness		
Lack of variety, flexibility, emphasis, dynamics	12%	14%
Rate problems: monotonous rate or pacing, too rapid	8%	16%
Lack of sensitivity, enthusiasm, empathy; inability to feel; minimum word coloration; "fear" of voice revealing thought or feelings	5%	3%
Phrasing: insufficient number and length of pauses	0%	4%
No response	6%	8%